

4. VFC ELIGIBILITY

Our budget depends on VFC vaccine being administered only to eligible children. Screening for eligibility is the foundation of accountability in the program.

VFC providers are required to screen ALL patients for VFC eligibility and document the results at every immunization visit. Neglecting to screen for and document eligibility or knowingly administering VFC vaccine to unqualified patients may be grounds for termination from the VFC Program and may be investigated as fraud and abuse.



There are two steps to eligibility screening. Both must occur at each immunization visit:

1. Determining the patient's eligibility status (screening)
2. Recording the screening results (documenting)

Determining VFC Eligibility Status

Basic Eligibility Criteria

Children through 18 years of age who meet at least one of the following criteria are eligible to receive VFC vaccine:

- **Medicaid eligible:** A child who is eligible for the Medicaid program. (For the purposes of the VFC Program, the terms "Medicaid-eligible" and "Medicaid-enrolled" are equivalent and refer to children who have health insurance covered by a state Medicaid program.)
- **Uninsured:** A child who has no health insurance coverage
- **American Indian or Alaska Native (AI/AN):** As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603)
- **Underinsured*:** A child who has commercial (private) health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only); or a child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured.

*Underinsured children are eligible to receive VFC vaccine only through Federally Qualified Health Centers¹ (FQHC) or Rural Health Clinics² (RHC).

To find your nearest FQHC go to: http://findahealthcenter.hrsa.gov/Search_HCC.aspx?byCounty=1.

¹ An FQHC is a health center that is designated by the Bureau of Primary Health Care (BPHC) of the Health Services and Resources Administration (HRSA) to provide health care to a medically underserved population.

² An RHC is a clinic located in a Health Professional Shortage Area, a Medically Underserved Area, or a Governor-Designated Shortage Area.

To find your nearest RHC go to: <http://www.mtpca.org/rhc.htm>.

Insured Children

Insured children are not eligible for the VFC Program. For purposes of the VFC Program, a child is considered insured if he or she has private health insurance that fully or partially covers the cost of recommended immunizations—even if some combination vaccines are excluded. Insured children are not eligible for the VFC Program even when claims for vaccination services are denied because of unmet deductibles.

Documenting Eligibility Screening

Eligibility screening and documenting must occur at every immunization visit. Federal law requires the maintenance of eligibility screening records for three years and that this information be made available to Montana Immunization Program staff on request and during site visits.

Acceptable Methods of Documenting Eligibility Screening

Integrated Providers

imMTrax – Integrated providers document VFC eligibility status when recording patient immunizations in imMTrax. This information is available to anyone viewing the record and is attached to each immunization. It can be updated if eligibility status changes.

Aggregate Providers (including providers on electronic data feeds)

Aggregate providers cannot document VFC eligibility in imMTrax, and electronic data feeds do not send eligibility information at this time. Therefore, these clinics must document VFC eligibility outside imMTrax in a manner that is traceable to the patient's paper or electronic health record. Eligibility documentation must be recorded at every immunization visit.

Clinics no longer maintaining paper charts and unable to capture this information in their electronic health record (EHR), can use the State-supplied paper screening logs to document eligibility screening as long as they capture ALL immunization visits, not just VFC-eligible patients.

Special Circumstance – Comprehensive Screening Form

Providers whose client base is exclusively Medicaid-eligible or American Indian/Alaskan Native can submit a comprehensive screening form once per year during their enrollment. Submission of this form releases them from having to screen for eligibility at each immunization visit.

Contact the Montana Immunization Program if you would like additional information about eligibility screening and documentation options – 444-5580 hhsiz@mt.gov.

Provider Profiles – Immunization Patient Numbers for Re-enrollment

Each year during VFC program re-enrollment, you must estimate for the coming year your total number of immunization patients by age, by VFC eligibility category (See Section 2 – Re-enrollment–Current Providers). This information constitutes your “Provider Profile” and must be derived from actual immunization data. Providers must document eligibility screening throughout the year so the information can be used to estimate your provider profile. The Immunization Program recommends using one of the methods below to determine provider profile numbers.

Integrated Providers

For integrated providers, imMTrax automatically calculates provider profile numbers based upon immunization records entered throughout the year. For the numbers to be accurate, integrated providers must document VFC eligibility properly and keep data entry up to date. For more information on using imMTrax to document VFC eligibility please see the *imMTrax Provider Handbook* (<https://immtrax.mt.gov/users.shtml>) or contact the imMTrax Training and Support at 444-4560 (hhsiz@mt.gov).

Aggregate Providers

Aggregate providers can use one of the following methods to determine provider profile numbers:

State-Supplied Eligibility Form – The Immunization Program provides paper-based eligibility tracking logs on our website (www.immunization.mt.gov). To use the log, for each immunization visit enter patient name, date of birth, VFC eligibility status, and administered vaccines. From this information, you can tally patient numbers for re-enrollment and doses administered for order quantities.

There are four versions of this form based on facility type. Be sure to use the form that best suits your practice.

Clinic Computer-Generated Report – For clinics on EHRs or electronic billing systems, the recommended method for determining provider profile numbers is to generate a custom report from your clinic electronic charting or billing system. The report must be able to tally immunization patient numbers by ALL VFC eligibility categories for a given period of time.

Special Eligibility Circumstances

This section covers special VFC eligibility situations that may be encountered. In general, when selecting between eligibility options:

- 1) Select the eligibility category that confers the least out-of-pocket expenses to the child’s parent or guardian.
- 2) Select the eligibility category that is least likely to change.

Healthy Montana Kids

Nationally, the Children's Health Insurance Program (CHIP) enables states to expand health insurance coverage for uninsured children. In Montana, CHIP is called Healthy Montana Kids. Healthy Montana Kids *Plus* is the State Medicaid program. For VFC eligibility purposes:

- Healthy Montana Kids children are considered insured.
- Healthy Montana Kids Plus children are Medicaid eligible.

VFC eligibility under these two programs is summarized in the table below.

Table 1 VFC Eligibility for Healthy Montana Kids and Healthy Montana Kids Plus

Population	VFC Provider Type	Insurance Status	VFC Eligibility Category	Vaccine Stock	Bill to:	
					Vaccine	Administration Fee ¹
Healthy Montana Kids	Any	Insured	Ineligible	Private	Healthy MT Kids	Healthy MT Kids
Healthy Montana Kids Plus	Any	Medicaid	Medicaid	VFC	No charge	Medicaid

¹ VFC vaccine administration fees billed to patients cannot exceed \$21.32 (See Section 3 – Billing). VFC vaccinations cannot be denied to an established VFC-eligible patient due to the inability of the parent or guardian to pay the administration fee.

Medicaid as Secondary Insurance

Any insured or underinsured child who has Medicaid as secondary insurance is eligible for the VFC Program.

Insured children with Medicaid as secondary are not required to participate in the VFC Program. The decision to participate should be based on what is most cost-effective for the patient.

At private facilities, underinsured children with Medicaid as secondary should be designated "Medicaid" for VFC eligibility so they qualify for VFC vaccine. If marked as "underinsured," they can only receive VFC vaccine at designated FQHC/RHC facilities.

Table 2 VFC Eligibility for Children with Medicaid as Secondary Insurance

Population	Facility Type	Insurance Status	VFC Eligibility Category	Vaccine Stock	Bill to:	
					Vaccine	Administration Fee ¹
Medicaid as Secondary	Any	Insured/ Medicaid Secondary	Insured	Private	Insurer	Insurer ²
			Medicaid	VFC	No charge	Medicaid
Medicaid as Secondary	FQHC/RHC	Underinsured/ Medicaid Secondary	Underinsured	VFC	No charge	Patient
			Medicaid	VFC	No charge	Medicaid

Population	Facility Type	Insurance Status	VFC Eligibility Category	Vaccine Stock	Bill to:	
					Vaccine	Administration Fee ¹
Medicaid as Secondary	Private	Underinsured/ Medicaid Secondary	Medicaid	VFC	No charge	Medicaid

¹ VFC vaccine administration fees billed to patients cannot exceed \$21.32 (See Section 3 – Billing). VFC vaccinations cannot be denied to an established VFC-eligible patient due to the inability of the parent or guardian to pay the administration fee.

² Private insurance can be billed administration fees at the private rate. Medicaid can be billed for the balance of unpaid administration fees up to \$21.32. If the primary insurer denies payment for the vaccine, VFC stock can be used to replace the private stock used (See Borrowing in Section 16).

Family Planning Clinics

Unaccompanied minors through 18 years of age who present at family planning clinics for contraceptive services or sexually transmitted disease (STD) treatment are considered uninsured and VFC-eligible if they do not know their insurance status due to the confidential nature of their visit. This special eligibility status is restricted to family planning clinics. Family planning clinics must track VFC vaccine given to patients in this eligibility category. This information is not captured in imMTrax and must be tracked manually. The Immunization Program has a special eligibility screening form for family planning clinics to track this information. The form can be found on our website at www.immunization.mt.gov under the VFC link.

Incarcerated Juveniles

Incarcerated juveniles through 18 years of age who lose access to their health insurance due to their circumstances are considered uninsured and VFC-eligible.

Dual Eligibility – American Indians/Alaskan Natives

American Indians and Alaskan Natives (AI/AN) are often eligible for the VFC Program under more than one category. Please use the following table to determine VFC eligibility status, vaccine stock, and vaccine billing for AI/AN populations seen at providers *other than* Indian Health Service (IHS), tribal, and urban Indian clinics.

Table 3 VFC Eligibility for American Indian and Alaskan Native Populations

Population	Facility Type	Insurance Status	VFC Eligibility Category	Vaccine Stock	Bill to:	
					Vaccine	Administration Fee ¹
AI/AN	Any (except IHS, tribal, urban Indian clinics)	Medicaid	Medicaid	VFC	No charge	Medicaid
AI/AN	Any (except IHS, tribal, and urban Indian clinics)	Uninsured	AI/AN	VFC	No charge	Patient

Population	Facility Type	Insurance Status	VFC Eligibility Category	Vaccine Stock	Bill to:	
					Vaccine	Administration Fee ¹
AI/AN	Private	Underinsured	AI/AN	VFC	No charge	Patient
AI/AN	FQHC/RHC	Underinsured	AI/AN	VFC	No charge	Patient
AI/AN	Any (except IHS, tribal, and urban Indian clinics)	Insured	Eligible ²	Private	Insurer	Insurer ³
				VFC	No charge	Insurer

¹ VFC vaccine administration fees billed to patients cannot exceed \$21.32 (See Section 3 – Billing). VFC vaccinations cannot be denied to an established VFC-eligible patient due to the inability of the parent or guardian to pay the administration fee.

² Insured AI/AN children are not required to participate in the VFC Program. The decision whether to participate should be based on what is most cost effective for the patient. However, we encourage providers to use private stock on fully insured patients.

³ Private insurance can be billed administration fees at the private rate. If the primary insurer denies payment for the vaccine, VFC stock can be used to replace the private stock used (See Borrowing in Section 16). Patients may be balance billed un-reimbursed VFC vaccine administration fees up to \$21.32.